



## **HIV Disease Monitoring, Prevention, and Care: HIV Counseling, Testing, and Referral Services (CTRS)**

Reducing staff or funding for HIV Counseling, Testing, and Referral Services (CTRS) would result in decreasing the number of persons tested and who will be aware of their HIV status. A reduction will also delay entry to medical care for individuals who are HIV infected, increasing the possibility of advancing to an AIDS diagnosis and requiring costly medical treatment. Furthermore, if individuals are unaware of their HIV status, they may continue to engage in behaviors that may transmit HIV to others. Increased funding for CTRS will support expanded testing allowing more individuals to learn their HIV status, access medical services at an early stage and continue to be productive citizens.

### **Objectives**

- 1) Increase the proportion of people in Louisiana who know their HIV status.
- 2) Increase the proportion of HIV-infected persons in Louisiana who are linked to prevention and care services.

### **Performance Indicators**

- % of clients in STD, Family Planning and Prenatal clinics receiving at least one annual HIV test.
- % of reduction in the number of persons who are categorized as late testers (receiving an AIDS diagnosis within 6 months of their first positive HIV test).
- % of newly identified HIV positive persons tested through HAP supported sites who access medical care within 6 months of receiving their first HIV test result.
- % of HIV positive pregnant women who know their HIV status before pregnancy or within the first trimester of pregnancy.

### **Narrative**

HIV counseling, testing and referral services (CTRS) is defined as one-on-one client-centered, risk reduction counseling and testing with persons at high risk for HIV infection. CTRS empowers individuals to take responsibility for their health and decrease sexual and needle-sharing risk behaviors. Confidential and anonymous testing is available to all individuals in

Louisiana through publicly funded clinics and in 14 community- and faith-based organizations. The objectives of counseling are: to assist the client in improving their self-perception of HIV/STD risk; to develop a realistic and incremental plan to reduce risk; and to provide referrals to medical and social services. HIV-positive clients are provided with referrals for further care and HIV partner services (HPS). Of special emphasis is the testing of pregnant women to ensure that if a woman is HIV positive, she is connected to case management, medical services and appropriate treatment to reduce the risk of transmission of HIV to her child.

Voluntary HIV screening in medical care settings, sexually transmitted disease clinics, family planning clinics, prenatal clinics and hospital emergency rooms is justified since targeting testing with persons based solely on risks fails to identify a significant number of HIV-infected persons. Many persons who have progressed to an AIDS diagnosis have made multiple visits to hospitals, acute care clinics, and managed-care organizations prior to receiving an AIDS diagnosis, but were never tested for HIV. Providers are often uncomfortable discussing risk behavior with their patients, and many persons with HIV may be unaware of, or do not disclose, their own or their partners' risks. CDC has recommended offering HIV testing routinely to patients in acute care hospitals in high prevalence areas since 1993.

Referrals to medical care and other social services are documented and follow-up is conducted to ensure individuals make successful connections to referred services. If they are not successful, barriers are identified and a plan is developed to further assist persons to access needed services.

As required by State law, individuals who conduct HIV testing are trained and certified in counseling, administration of the HIV test, and referral and follow-up protocols by the Office of Public Health HIV/AIDS Program.

## **Better Health**

CTRS advances the state outcome goal of health by educating persons about their HIV status and empowering those persons who are found to be infected with HIV to seek medical care at an early stage of their HIV infection and ultimately reduce overall health care costs. For those testing negative, it provides valuable information for them to take responsibility for their health and seek services that will support them in remaining negative.

The main recipients of CTRS are Louisiana citizens at high risk of HIV infection and women of childbearing age who receive these services through over 14 community and faith based

partners; Family Planning clinics, Prenatal, and STD clinics; and 7 hospital emergency rooms. The majority of recipients of these services tend to be African American.

An incentive-based reimbursement system is in place for community- and faith-based partners to identify HIV positive individuals, especially HIV positive pregnant women, and ensure that they are connected to appropriate medical care and support services.

RS 40:1091, RS 40:1063, RS 40:1300:13, RS 40:1300-13

93.940 HIV Prevention Activities-Health Department Based.

CDC 2006 Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings

CDC 2009 HIV Testing Implementation Guidance for Correctional Settings

CDC estimates that 21% of persons living with HIV are unaware they are infected. Studies show that people who know they are infected are less likely to have unprotected sex than those who do not.

HIV is consistent with all generally accepted criteria that justify screening: 1) HIV is a serious health disorder that can be diagnosed before symptoms develop; 2) HIV can be detected by reliable, inexpensive, and noninvasive screening tests; 3) infected patients have years of life to gain if treatment is initiated early; and 4) the costs of screening are reasonable in relation to the anticipated benefits. Among pregnant women, screening has proven substantially more effective than risk-based testing for detecting unsuspected maternal HIV infection and preventing perinatal transmission.

Screening blood donors for HIV has nearly eliminated transfusion-associated HIV infection in the US. Perinatal HIV transmission rates can be reduced to <2% with universal screening of pregnant women in combination with appropriate medical care and treatment.

In populations for which prevalence of undiagnosed HIV infection is >0.1%, HIV screening is as cost-effective as other established screening programs for chronic diseases (e.g. hypertension, colon cancer, and breast cancer).

CDC and the U.S. Preventive Services Task Force recommends that screening for HIV should be performed routinely for all patients aged 13-64 years in all health care settings; all patients initiating treatment for TB should be screened routinely for HIV; all patients seeking treatment for STDs should be screened routinely for HIV during each visit for a new complaint; and all pregnant women, regardless of risk, should be screened.